FLEIT, KAIN,
GIBBONS, GUTMAN,
BONGINI & BIANCO P.L.
ATTORNEYS AT LAW

MIAMI · FORT LAUDERDALE · BOCA RATON

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601 BRICKELL KEY DRIVE, #404
MIAMI, FLORIDA 33131
TELEPHONE: (305) 416-4490
FACSIMILE: (305) 416-4489
PBIANCO@FLEITKAIN.COM
WWW.FLEITKAIN.COM

TELECOPIER TRANSMISSION

DATE: March 22, 2005

TO: OPR FAX LINE
            FAX NUMBER: (703) 872-9306

FROM: Paul D. Bianco, Ph.D.
            DIRECT TEL: 305-931-9620
            FAX: 305-931-9627

TOTAL NUMBER OF PAGES: 15
(INCLUDING THIS PAGE)

REFERENCE: 782-A03-009-3

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MESSAGE:

PLEASE DELIVER THE FOLLOWING COMMUNICATION CONCERNING THE BELOW IDENTIFIED CASE

Applicant(s): P. Bonutti

Application No.: 10/685,117

Filed: October 14, 2003

For: APPARATUS AND METHOD FOR TREATING A FRACTURE OF A BONE

Confirmation No.: 4436

Group Art Unit: 3731

EXAMINER: G. JACKSON

DOCKET NO: 782-A03-009-3

1.   Response to Office Action   (10 pgs)
2.   Terminal Disclaimer (2 pgs)
3.   Fee Transmittal (1 pg)
4.   Credit Card Payment Form 2038 (1 pg)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

☑ Applicant claims small entity status. See 37 CFR 1.27

| TOTAL AMOUNT OF PAYMENT | ($) $155.00 |

Complete If Known

Application Number	10/685,117
Filing Date	October 14, 2003
First Named Inventor	P. Bonutti
Examiner Name	G. Jackson
Art Unit	3731
Attorney Docket No.	782-A03-009-3

METHOD OF PAYMENT (check all that apply)

☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☑ Deposit Account Deposit Account Number: 500601 Deposit Account Name: Fleit Kain Gibbons Gutman Bongini & Bianco

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee ($)	SEARCH FEES Fee ($)	Small Entity Fee ($)	EXAMINATION FEES Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)		Multiple Dependent Claims Fee ($)	Fee Paid ($)
___ - 20 or HP =	___ x	=	___			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
4 - 3 or HP =	1 x	100.00 =	100.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

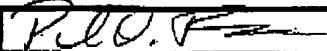| Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
___ - 100 =	___ / 50 =	___ (round up to a whole number) x	___ =	

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount)

Other: Terminal Disclaimer

Fees Paid ($): 55.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,500	Telephone 305 931-9620
Name (Print/Type) Paul D. Bianco			Date March 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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